

BIBLIOGRAPHICAL NOTICES.

ART. XV.—*The Transactions of the American Medical Association.*
Instituted 1847. Vol. XIV. Philadelphia: 1864. 8vo. pp. 416.

THE present volume comprises the *Transactions of the American Medical Association* for the year 1863. An interval of two years had occurred in the sessions of the Association, caused by the disturbed state of the country.

The volume exhibits a very meagre appearance in respect to bulk, compared with its predecessors, nor is this diminution in size counterbalanced by any very marked increase in the importance and interest of its contents.

The session of 1863 was opened by an Address from Dr. Wilson Jewell, of Philadelphia, Vice-President of the Association, who had been called upon to preside, in consequence of the death, towards the close of 1861, of Dr. E. Ives, the President elect.

The chief topic of the address is hygiene—one, unquestionably, of the most important of the studies connected with the physical well-being of man. Dr. Jewell has not, it is true, struck out any very original views in respect to either of the departments embraced within the legitimate province of hygiene, nor exhibited any great novelty in his plan of treating the subject. His chief aim seems to have been to present some of the leading considerations which should press the study of hygiene—public, domestic, and personal—upon the attention, not of physicians only, but of the members of every enlightened community.

Reports were received from only three of the Standing Committees, namely, on Medical Education, Medical Literature, and Necrology.

The Report on Medical Education, by Dr. Christopher C. Cox, of Maryland, is well drawn up, and the views set forth in it are pertinent and sound.

The reforms in medical education insisted upon in the report, are—1st. The requirement by all physicians of a certificate of suitable preliminary education from every young man before admission to office instruction; the penalty for receiving students without such certificate to be censure by, or expulsion from the medical organizations to which the offender may be amenable. A similar test may be demanded by the schools as a prerequisite to matriculation. In the latter case the certificate showing satisfactorily not only that the applicant has passed through a satisfactory preliminary course of instruction in the classics, and in English Belles Lettres, but also that he possesses an adequate acquaintance with chemistry and physiology; that he has attained the age of nineteen years, and has studied for at least six months in the office of a respectable preceptor. 2d. Improvement in the system of instruction afforded by our medical schools; by (a) an increase in the number of professors; so that each department of the science and practice of healing may be systematically and thoroughly taught. By (b) intrusting the appointment of the professors to a board, which shall comprise a certain number of medical men, uncontrolled or uninfluenced by the faculty. By (c) the establishment of at least three courses of lectures to continue each six months. The first course to comprise anatomy, physiology, chemistry, and the principles of medicine, while the remaining courses embrace the usual branches taught in the schools, including hygiene, medical jurisprudence, and toxicology. By (d) daily examinations by the professor upon his preceding lectures. The class being interrogated by divisions, so that all its members shall be included in the review. By (e) so arranging clinical instruction as to confer equal advantages upon all. By (f) making it obligatory upon the student to attend upon every lecture and clinic, excepting when his absence is the result of some sufficient and unavoidable cause.

Monitors being appointed to note the absent and late, and report weekly to the Dean of the Faculty. Premiums to be awarded to unusual merit, and penalties inflicted for neglect of study or for gross immorality. By (g) the organization of a board of teachers, in connection with the faculty, to superintend under suitable regulations the studies of the pupils during the recess of the lectures—by oral explanations and examinations, chemical manipulations—pharmacy, pathology, and clinical medicine and surgery, and by conversations and discussions upon medical topics. By (h) the appointment, from among the best medical talent of the country, of a board, with an adequate salary, to conduct the final examination of candidates for the doctorate. The examination to be without the presence of the faculty—to be thorough and sufficiently prolonged to allow every branch to receive its proper attention. Whenever practicable, the candidate's knowledge and skill to be tested on the cadaver and at the bedside of the sick.

The scheme of education as above sketched is by no means extravagant or Utopian; and yet we have long been strongly inclined to the belief that instead of attempting the almost hopeless task of regulating the medical schools, the important object of providing for a competent body of physicians could be readily attained by providing for a thorough examination into the character and professional competency of every candidate for the doctorate, by a proper board, placed beyond the suspicion of favouritism from any motive. Let the required qualifications be of the highest grade, and the examinations sufficiently thorough and rigid, and the means for the proper instruction and preparation of the candidates will not be wanting.

The Report on Medical Literature, by Dr. Charles A. Lee, of New York, is throughout replete with good common sense. We hardly think, however, that in practice the "association," suggested by the reporter, would work out effectually the desired end, namely, to promote "the production of original works of a high order of merit by medical writers of our own country," and thus aid the progress of American medical literature. What we want is a greater devotion in the great body of the profession to the study of the higher class of professional works—as well those of "the olden time," as others by later and contemporaneous writers who bring down to our times the results of the constantly onward march of medical thought and observation. Create an increased demand for "original works of a high order of merit," by writers of our own country, and in proportion to the demand will be the supply. What has been already done by American medical writers under discouraging circumstances, may be adduced as an earnest of what would be still better accomplished were the necessary incentive afforded.

The first of the professional papers is on "Diatheses: their Surgical Relations and Effects," by Dr. E. Andrews, Professor of Surgery in the Medical Department of Lind University. The subject is a most important one. The existence of any morbid constitutional tendency or condition by which the course of disease is modified, and the curative or reparative powers of the organism are impaired or perverted, has often, on surgical operations and treatment, an influence of the most disastrous character. The more important of the diatheses in a surgical point of view, discussed by Dr. Andrews, are the *aplastic*, *plastic*, and *hyperplastic*. The first is characterized by a loss of the power of effusing and organizing plastic lymph; the second and third by a tendency in a greater or less degree in all the products of inflammation to the solid form, and by the slowness and difficulty with which suppuration takes place. The normal diathesis exhibits a just medium between the aplastic and hyperplastic. Inflammation produces at first plastic deposits, which subside by resolution or healthy suppuration, according to the severity of the case.

The general causes, according to Dr. Andrews, of the aplastic diathesis are filthiness and overcrowding of hospitals, barracks, or tenements, and certain atmospheric or endemic conditions not yet understood. The unstable chemical state of the tissues and fluids of the body in the aplastic diathesis favours certain decompositions, the occurrence of which develops a malignant and irritating poison, commonly called the poison of erysipelas. By clearly understanding the relations of the latter to the aplastic diathesis, the surgeon has at his

command the means of preventing the occurrence in his practice, to a very great extent, of death from traumatic erysipelas, phlebitis, or pyæmia.

As signs of the aplastic diathesis, Dr. Andrews enumerates the ready suppuration of slight injuries, the inflammation surrounding them being soft and inclined to a scarlet hue. Phagedenic ulceration, erysipelas, malignant epidemic diseases, he considers to result from a combination with their other elements of the erysipelas virus and the aplastic diathesis.

All surgical accidents and diseases occurring in persons of an aplastic diathesis are liable to be accompanied with unfavourable symptoms. Operations performed in such are seldom attended with prompt and complete success.

The preventive and remedial measures in cases of disease attended with an aplastic diathesis are: 1, pure air and perfect cleanliness; 2, heat, diet; 3, perchloride of iron internally; 4, sulphites internally; 5, bromine locally; 6, iodine locally; 7, mineral acids internally and externally; 8, in malarious cases, quinine.

According to the report before us, it is taught that, while erysipelas is the disease typical of the aplastic diathesis, rheumatism is that of the hyperplastic. Erysipelas and rheumatism are set down, therefore, as opposed to each other, and incapable of existing simultaneously in the same patient. There may be cases, it is true, where a patient affected with one or other of these diseases has been subjected to influences calculated rapidly to reverse his diathesis, in which it is possible for rheumatism to follow erysipelas, or erysipelas rheumatism, before the effects of the original disease have had time to subside. Such instances are rare, and are not examples of a positive complication of the two diseases.

The causes of the hyperplastic diathesis are set down as identical with those of the rheumatic cachexy. They are supposed, probably, to act by producing or retaining an excess of acids in the system, as shown by the excessively acid secretions of the skin, stomach, and kidneys, and by the great difficulty of producing any of the alkaline inflammatory effusions.

"The hyperplastic diathesis is to be diagnosed by considering the following questions: Has the patient now, or habitually, any symptoms of an undoubted rheumatic character? Is the stomach habitually acid? Do slight injuries or abrasions of the skin dry up with an unusual promptness, and with unusual freedom from suppuration? Do eruptions on the surface seem unable to mature pustules? Do such eruptions tend to the squamous form? etc., etc."

In individuals of a hyperplastic diathesis, all cutting operations may be undertaken with the prospect of good success. Incisions readily unite by the first intention, and ulcers cicatrize rapidly. In operations on the veins there need be no fear of pyæmia, and, in general, unless a change of diathesis is produced by bad ventilation or other mismanagement, there will be perfect safety from all aplastic combinations.

"Periostitis and arthritis, in this diathesis, scarcely ever produce necrosis or caries, however severe the inflammation may be. On the other hand, sprains and dislocations produce very unfavourable results. The inflammation set up by the accident partakes of the rheumatic type, and has a true rheumatic persistence and obstinacy. The ligaments are thickened by plastic effusion, and fibrous ankylosis may occur from a similar deposit within the joint, and many months often elapse before recovery takes place from slight sprains."

The treatment of the hyperplastic diathesis is described as being substantially the same as for rheumatism. From the diet and drink of the patient are to be excluded meat, spices, and all alcoholic stimulants. Baths of warm water with soap may be taken. The dress should be warm and dry; muscular exercise moderate. Medication must be varied to suit the case; in principle, however, it must be the same as in rheumatism.

The paper of Dr. Andrews contains many suggestions having an important practical bearing. There is embraced in it, it is true, much that must be considered, as yet, purely hypothetical; still, throughout the views advanced by the author, there runs a vein of unquestionable truth, which should command for the paper of Dr. Andrews a favourable reception; while the doctrines advanced in it should be carefully tested by the results of a series of careful observations.

The next paper is on "The American Method of Treating Joint Diseases and
No. XCV.—JULY 1864. 13

Deformities," by Dr. Henry G. Davis, of New York. The main object of this essay is to set forth the superior advantages and success of the author's plan and apparatus for the treatment of various diseases of the joints. The "distinctive principle of these is the procuring to the diseased structures support without pressure, and motion without friction, by the abstraction of the affected joint, by continued elastic extension."

Dr. Davis admits that the general idea upon which his treatment and apparatus for the management of joint affections are based, had suggested itself to other minds before he made his views public. A slight sketch is given of the mode of treating diseases of the joints practised by physicians and surgeons, from the days of Hippocrates to the present time, showing the gradual improvement which has been constantly taking place, and the agency which the medical men of our own country have exercised in their promotion. All the improvements in the method and means of treatment culminate, as Dr. Davis believes, in those presented by him. That his principles of treatment are correct must, we think, be admitted; how far his apparatus is adapted for carrying out those principles in practice must be determined by the results of a more extended experience.

A curious case of diarrhoea adiposa is related by Dr. John H. Griscom, of New York. The case occurred in a soldier, a native of Ireland, 35 years old. He was admitted into the New York Hospital March 3, 1863. Eight years previously the patient, then in the British army at Balaklava, was attacked with chills and fever, previously to recovery from which he suffered from diarrhoea, running into a dysentery, attended with tormina, tenesmus, and bloody stools. He now first noticed a sense of weakness with dull pain across the kidneys, which has continued, more or less, ever since. The dysentery lasted for 12 months, being cured only after his leaving the army and returning to England. Before it left him his feet became œdematosus, succeeded by a slight ascites. These symptoms were relieved, and he remained pretty well for six months. It was at the commencement of the anasarca that the patient first observed the passage of oil with his feces—sometimes mixed with them, and sometimes by itself. More or less oil has been passed by him ever since. When first taken sick he had severe pain in the right hypochondrium, which has recurred, attended with pain across the abdomen, every winter since. Great tympanitic distension of abdomen occurred occasionally, relieved by a discharge of flatus. Sixteen months before admission had an unusual attack of tympanitis, with pain in right hypochondrium and gripping pains of bowels. Went in consequence into the hospital at Dublin. He was there put upon the use of quinine, and blue mass pushed to a slight salivation, while leeches and a blister were applied over the right hypochondrium. The blister was kept open with blue ointment, for sixteen days, and discharged very freely. He was ordered to take six ounces of whiskey daily, with porter. He was advised to continue always the whiskey, as it was observed that under its use the discharge of oil was diminished, often entirely suspended. Of the use of whiskey he had been deprived for about two months previously to his admission into the New York hospital, he being then in the House of Detention, where he was confined by the U. S. authorities as a witness. He generally passes from two to four stools a day, which are often copious, light, almost clay-coloured, and generally of fair consistence. Has never been able to retain his stools, when the desire to void them comes on. The oil is never intimately mixed with the feces; it often drops from him involuntarily. More of it is passed in winter, during which season the patient is never so well; has headache, pain of bowels and right hypochondrium. He feels cold when he does not take liquor—feet always cold. Never noticed anything unusual about his urine. Thinks his stools are of a darker colour when he takes liquor. During the two months that he has been deprived of liquor has passed more oil than usual. Never tried the effects of diet. Has always a good appetite. Had a chancre twenty years ago.

On admission patient found to be well developed; of a perfectly healthy appearance; good complexion: tongue slightly coated with a whitish fur; appetite good; bowels free; copious stools of a light yellow colour, fair consistence, and containing oil. Pulse 76, and good; pain in right hypochondrium; a feeling of

weakness, especially across the kidneys—complains of palpitation and shortness of breath after exercise or running up stairs. Has lost some flesh. Absence of nervous symptoms. Nothing abnormal in heart and lungs detected by physical examination. Liver slightly enlarged. About two inches below xyphoid cartilage there is a ventral hernia, forming a small tumour one and a half inches in diameter. No albumen or casts in urine. The oily matter of stools is soluble in ether, melts with slight heat, loses its feculent odour, and leaves a greasy stain. Under the microscope it is seen to consist of oil globules simply. The average amount of oil passed daily is estimated at about two and a half ounces.

On admission the patient was put upon the use of the mixture of iron and cinchonina; half an ounce three times a day. On the fourth day had passed since admission six ounces of oil. In place of mixture as above he was ordered *fer. et quin. cit.*, ten grains three times a day. On the 13th day, patient felt stronger—continued to pass oil. Treatment continued, with the addition of 6 oz. of whiskey, daily. During the subsequent eight days oil was passed only once, about two ounces. Stools which were clay-coloured had become darker, owing probably to the iron taken. They amounted to two in the twenty-four hours. Patient felt much better. For a week was without pain in head or side; is gaining flesh. Ordered a diet free from oleaginous matter, which, however, could not be strictly carried out. By the 25th day patient still improving: five days previously had passed a little oil. The entry, twenty days later, is that, having been appointed nurse in another ward, the patient had omitted his daily dose of whiskey; commenced the day previously to again pass oil. Is weaker, which, he says, is always the case when voiding oil. The ensuing day the patient reported himself as pretty well and quite strong—very much better than on admission. Was discharged relieved. When absent from the hospital, in attendance on court, he confessed to having indulged pretty freely in liquor, at times, to the extent of commencing intoxication.

Attached to the history of this case is an analysis, in tabular form, of twenty-four other cases of diarrhoea adiposa found upon record. Of these cases fourteen died; in three the result is not given; seven are stated to have recovered entirely, or been so far improved as to suffer no inconvenience from the symptom. Among the fourteen fatal cases, eight were found to have diseased pancreas; four were not examined after death. This result of the *post mortem* examinations would seem to confirm the views of Dr. Bernard in respect to the office of the pancreatic fluid in the digestion of the oleaginous portions of the *ingesta*. The most common symptom attendant upon these cases is, deficiency of bile, as indicated by jaundice, or clay-coloured stools, or both.

"As the sum of the matter, derived from the consideration of the reported cases," remarks Dr. Griscom, "diarrhoea adiposa appears to be associated with a great variety of conditions of body, differing considerably from each other, and it sometimes appears to be unconnected with any other very marked evidence of disorder of the general system, or of any of its parts. In the case just reported, the interesting fact of the amount of oil evacuated being controlled by the exhibition of a moderate amount of alcoholic stimulants, would seem to indicate that the producing lesion was somewhere in the assimilating function; but admitting this, the question is still unanswered as to the precise organ or part of the function involved."

The report on American Medical Necrology, which follows, is from the pen of Dr. C. C. Cox, Surgeon U. S. Volunteers. Though confessedly incomplete, it furnishes nevertheless the basis of a very interesting record, which we regret had not been earlier commenced, of the names, birth-places, fields of labour, contributions to the common fund of medical knowledge, and the time of death of the departed members of the American medical profession.

The next paper is by Dr. Samuel R. Percy, Professor of Materia Medica and Therapeutics in the New York Medical College; being the Essay to which the Association awarded the gold medal for 1863. Its subject is an inquiry into the physiological and medicinal properties of *veratrum viride*: together with some physiological and chemical observations upon the alkaloid *veratria* obtained from this and other species. The essay is an able one. The therapeutic action of the *veratrum viride* is more carefully analyzed, and estimated with greater cau-

tion than has been done by most of the recent writers on the article. Though probably its remedial powers are still rated too highly by Dr. Percy, he has not, with too many of its eulogists, run into the extreme of ranking it as a specific in all cases of fever and inflammation; as an agent capable of fulfilling by itself all the curative indications heretofore intrusted to the lancet, cups, antimony, etc.

The essay is divided into six sections. The first describes the natural history of veratrum viride; the second, its chemistry and pharmacy; the third, its physiological action on animals; the fourth, its therapeutic applications, under four heads: 1st, its general therapeutic application, with the relation of a few cases in point; 2d, its therapeutic application in typhus and typhoid fevers, and in phthisis: also, as a means of diagnosis in diseases of the lungs and heart; 3d, the therapeutic application of its resinoid; and 4th, a general synopsis of the therapeutic qualities of the alkaloid veratria derived from the veratrum viride. The fifth section is devoted to a summary of the physiological and therapeutic action of veratrum viride on man; while the sixth treats of its modus operandi.

The entire essay is deserving of a careful study on the part of every practitioner. It is well adapted to lead to correct views of the true remedial powers of a very powerful and valuable remedy, and of the cases and conditions of disease in which its therapeutical influence is most beneficially exhibited.

The *Transactions* conclude with a short paper on "Laryngoscopical Therapy: or the Medication of the Larynx under Sight," by Dr. Louis Elsberg, Lecturer on Diseases of the Throat in the University of New York, etc. The leading, perhaps we should more properly say, the only object of this paper is to call attention to a set of instruments adapted for the accurate local medication of the larynx under sight. With these instruments, and the laryngoscopical apparatus, we are assured that medicines can be conveyed, in either the solid (powdered or in pencil), liquid, or gaseous state, to the larynx; while we see exactly what we are doing, so that our applications shall be made directly to the diseased surface, however circumscribed, without coming in contact with neighbouring healthy structures.

For an account of Dr. Elsberg's set of instruments we must refer our readers to the volume before us.

The remainder of the volume is occupied with the Plan of Organization of the Association, the Code of Medical Ethics, List of Officers and Permanent Members, and index.

We certainly do not desire that the *imprimatur* of the Association had been withheld from the present volume of *Transactions*; and yet, whatever merit may be accorded to the reports and papers it contains, we should be very sorry to have it received as a fair representation of the learning and talents of the representatives from the State and Local Medical Societies of whom its membership is composed.

D. F. C.

ART. XVI. *Reports of American Hospitals for the Insane* :—

1. *Of the Pennsylvania Hospital for the Insane, for the year 1863.*
2. *Of the State Lunatic Hospital of Pennsylvania, for the year 1863.*
3. *Of the Western Pennsylvania Hospital, for the year 1863.*
4. *Of the U. S. Government Hospital for the Insane, for the fiscal years 1860-61 and 1861-62.*
5. *Of the Indiana Hospital for the Insane, for the fiscal year 1862-63.*
6. *Of the Wisconsin Hospital for the Insane, for the fiscal year 1861-62.*
7. *Of the Iowa Hospital for the Insane, for the years 1862 and 1863.*
8. *Of the Bloomingdale Asylum for the Insane, for the year 1862.*
9. *Of the New Jersey State Lunatic Hospital, for the years 1861, 1862, and 1863.*
10. *Of the Insane Asylum of the State of California, for the fiscal year 1858-59.*

1. The principal medical statistics, for the year 1863, of the *Pennsylvania Hospital for the Insane*, as derived from Dr. Kirkbride's twenty-third annual report, are as follows :—